

Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

The Profession's Future

TO THE EDITOR: I read Dr Ralph Crawshaw's Commentary "They All Laughed When I Spoke of Greedy Doctors"¹ in the February issue. The great tragedy of his colleagues' laughter is their lack of concern about the future of medicine. If many years of working together, honorable goals, hard work and commitment built up our profession, it is unfortunate that lust for money could be the major factor that will bring us down. The public is inundated with stories of staggering bills, unresponsive physicians, general arrogance and protectionism within organized medicine. As the government and insurance companies begin to take the control of health care out of the physician's domain, there is little complaining by the public. That is strong evidence that patient confidence is fragmentary—that we need to change our attitudes.

The laughter will die when fees are legislated—if we can't control it, others will—it's only a matter of time. But, perhaps that really is unimportant to those who milk the system—taking as much as possible and moving on is a common behavior among some men and women in business.

Dr Crawshaw shouldn't be disheartened—not everyone is laughing.

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REFERENCE

1. Crawshaw R: They all laughed when I spoke of greedy doctors (Commentary). West J Med 1985 Feb; 142:267

Cough Radiculopathy

TO THE EDITOR: It is hard to believe that the case of cough radiculopathy¹ reported in the September 1984 Correspondence section has thus far lacked comment.

The symptoms/signs suggest primarily a C-7 lesion, with a few overlapping signs/symptoms of C-6 and C-8 as is often the case with these lesions. The myelographic illustration was erroneous: rather than showing "an extruded disc and C-7 root compression," the findings were typical for focal spondylosis at C5-6. An extruded disk might have been present but I doubt that such could be inferred either from the myelogram that was shown or from the surgical approach that was used. One would wonder, given the references cited, why the surgical procedure was done posteriorly rather than anteriorly (and why "posterior" got into the text; is there an "anterior" laminectomy?). If the lesion was truly at C5-6 (as shown) rather than at C-7 (one presumes the authors mean the disk at C6-7) it would seem serendipitous that the cure cited would result from removal of the C-7 posterior arch alone.

Why do the authors use cases of lumbar trauma to qualify their thesis that the instant case resulted from cervical trauma (cough)?

Finally, just because pain developed when the patient was coughing does not necessarily mean that the coughing caused a disk herniation. It is common to see evidence of focal degenerative spondylosis without radiculopathy until some sufficient stimulus should bring out the symptoms/signs. In the cited case, one would suspect that the patient had a long-standing diskopathy which with "violent coughing" proved to be the straw that broke the camel's back and made the patient symptomatic.

Drs Torrington and Adornato are to be commended for suggesting another manifestation of cervical radiculopathy; their methods of presenting such leave much to be desired.

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REFERENCE

1. Torrington KG, Adornato BT: Cough radiculopathy—Another cause of pain in the neck (Correspondence). West J Med 1984 Sep; 141:379-380

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Dr Torrington and Adornato Reply

TO THE EDITOR: We appreciate Dr Clark's astute perception of our unintentionally misleading illustration. The patient, in fact, had multilevel disk disease including C6-7. Although the major roentgenographic abnormality was at C5-6, her clinical symptoms and signs pointed to involvement at the C6-7 level. The success of the C-7 root decompression would validate our approach.

The precise mechanisms of trauma such as cough-producing radiculopathy are unknown. We used the example of cough-induced lumbar disk disease since the pathophysiology is most likely similar. There are no previous descriptions, to our knowledge, of cough producing cervical radiculopathy which was the original impetus for our report.

Finally, in reply to Dr Clark's point that the patient may have had some preexistent "diskopathy," we agree. There may have been some degree of degenerative disk disease present, as is often the case in 44-year-olds; on the other hand, it was asymptomatic until her tussive episode. The important aspect of the phenomenon is the recognition that cough can produce acute radiculopathy in the neck as it can in the lumbar spine.

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